Approved for use through 7/31/2008, OMB 0651-0032
U.S. Peters and Trademert Office: U.S. DEPARTMENT OF COMMERCE

•	PAT	ENT APPLIC	ATION Substitute	I FEE DETE	RMINATIO 0-875 Effec	N RECORD	2004	792	Sono god H	710
	A	PPLICATION (Col	AS FILE		lumn 2)	SMALL E	NTITY	OR	OTHER SMALL	
	FOR	NUMB	ER FILED	NUMBE	R EXTRA	RATE (S)	FEE (1)		RATE (\$)	FEE (\$)
	IC FEE FR 1 18(4) (b) 0		NA		NIA		150.00		N/A .	300.00
E	RCH FEE FR 1:16(N, (4, or 4		NVA		NIA		\$250		· N/A	\$500
X	MINATION FEE	·	. N/A		N/A	N/A	\$100		N/A	\$200
OTAL CLAIMS 17. OFR 1 16(1)			minus 20 =					OR.	X\$50 .	
DEPENDENT CLAIMS		IMS	minus 3 ×				•	1	X200 .	
PF EE	FR 1 16(1)) **LICATION SIZE **CFR 1 16(1))	sheets of is \$250 (i additional	If the specification and drawings sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction th 35 U.S.C. 41(a)(1)(G) and 37 CFI		ize fee due each ereof. See			,		
IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))						+180=		1	+360=	
If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		] , •	TOTAL	
•	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3):					SMALL E	ENTITY	OR	OTHEF SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total G7 CFR LINGS	•	Minus	••	*	X\$ 25 .		OR .	X\$50 _	
	Independent - CIT CFR LIGHT	•	Minus	•••	*	X100 _		OR	X200 _	
	Application Size Fee (37 CFR 1.16(s))						·	]		
נ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))					+180=		OR	+360=	
						TOTAL ADD'L FEE		OR	ADD'L FEE	
· 		(Column 1)		(Column 2)	(Column 3)	····		1	r	
0	•	CLAIMS REMAINING AFTER. AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- TIONAL FEE (\$)
Į	Total or cra Liam	20	Minus	· 20		X\$ 25 .		OR.	X\$50 =	
5	Independent (37 CFR 1.19h))	. 1	Minus	··· ()	6/	X100 _		OR ·	X200	
Ę.	Application Size Fee (37 CFR 1.16(s))					·		1		<del></del>
1		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))				+180=		OR	+360=	
AMENDMEN	FIRST PRESENT	ATION OF MULTIPLE	DEPEND	TH COMM PIC	1, 1.100/			1		

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1460.